

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003418

FILED
Jan 03, 2007
Secretary of State

Entity Name: ENVIRONMENTAL COMPLIANCE MONITORING, INC.

Current Principal Place of Business:

349 US HIGHWAY 206
HILLSBOROUGH, NJ 08844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 427
NESHANIC STATION, NJ 08853

New Mailing Address:

FEI Number: 22-2992851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONLIN, MICHAEL
4787 MERLOT DRIVE
VIERA, FL 32955 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GRENCI, THOMAS
Address: PO BOX 423; 420 OLIVE STREET
City-St-Zip: NESHANIC STATION, NJ 08853

Title: VCS () Delete
Name: WNEK, CHERYL
Address: 126 W. BROAD STREET
City-St-Zip: HOPEWELL, NJ 08525

Title: DVPT () Delete
Name: GRENCI, ALEXANDRA
Address: PO BOX 423; 420 OLIVE STREET
City-St-Zip: NESHANIC STATION, NJ 08853

Title: D () Delete
Name: WNEK, JOHN
Address: 126 W. BROAD STREET
City-St-Zip: HOPEWELL, NJ 08525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GRENCI

CP

01/03/2007

Electronic Signature of Signing Officer or Director

Date